Filed: 8/14/2020 11:48 AM
Lynne Finley
District Clerk
Collin County, Texas
By Tatiana Ortega Deputy
Envelope ID: 45391135

**NO. 417-53803-2020**

| | | |
|---|---|---|
| **IN THE INTEREST OF** | **§** | **IN THE DISTRICT COURT** |
| | **§** | |
| **S.L, J.L. AND L.L.** | **§** | **417TH JUDICIAL DISTRICT** |
| | **§** | |
| **CHILDREN** | **§** | **COLLIN COUNTY, TEXAS** |

## AFFIDAVIT FOR BUSINESS RECORDS

THE STATE OF **TEXAS**

COUNTY OF **TRAVIS**

# BUSINESS RECORD AFFIDAVIT

Before me, the undersigned authority, personally appeared STEPHANIE MAYS,

who, being by me duly sworn, deposed as follows:

My name is STEPHANIE MAYS, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the administrator of the records for the Ascension Seton Medical Center Attached hereto are 57 pages of records from the Ascension Seton Medical Center

These said 57 pages of records are kept by the Ascension Seton Medical Center in the regular course of business of the Ascension Seton Medical Center and it was in the regular course of business for an employee or representative of the Ascension Seton Medical Center with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. Records pertaining to: Sophie, Long,

Date of Birth: 9/14/10, Dates of Service: 7/24/20 to 7/27/20

The records attached hereto are the original or exact duplicates of the original.

Affiant, an employee of R1 RCM, a contractor of Ascension Seton Family of Hospitals

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, on this, the 14th day of August 2020.

Notary Public in and for the State of **TEXAS**

CAMERON MAELEN COLE
Notary Public, State of Texas
Comm. Expires 08-17-2021
Notary ID 131248915

dell children's
Ascension

4900 Mueller Blvd Austin, TX 78723-3079

**LONG, SOPHIE**
**DOB:** 9/16/2010 Admit Age: 9 years Gender: Female
**MRN:** 7976035
**FIN:** 8077431943 **Type:** OP Emergency
**Admit:** 7/25/2020 **Discharge:** 7/25/2020
**Medical Service:** Pediatric Emergency Medicine

## Diagnoses (addressed this visit)

| **Sexual assault by bodily force by parent** | |
|---|---|
| **Last Reviewed Date:** 7/25/2020; Gregg ,Victoria S MD | **Responsible Provider:** Gregg ,Victoria S MD |
| **Diagnosis Date:** 7/25/2020 | **Status:** Active |
| **Type:** Discharge; **Confirmation:** Confirmed; **Classification:** Medical; **Clinical Service:** Non-Specified | |

## Discharge Documentation

DOCUMENT NAME: Disposition Summary ED
SERVICE DATE/TIME: 7/25/2020 23:12 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Marantz ,Seth M RN (7/25/2020 23:12 CDT)

**Disposition Summary ED Entered On: 7/25/2020 23:12 CDT**
**Performed On: 7/25/2020 23:12 CDT by Marantz , Seth M RN**

**Disposition Summary ED**
*Condition at Discharge :* Stable, Improved
*Accompanied By :* Parent
*Disposition Type ED :* Home
*Method of Transportation :* Private vehicle
*ED Audit Flag :* N/A

Marantz , Seth M RN - 7/25/2020 23:12 CDT

**Education**
ED Education Grid

| | |
|---|---|
| *Topics :* | Discharge instructions, Plan of care |
| *Individuals Taught :* | Patient, Mother |
| *Barriers to Learning :* | None evident |
| *Teaching Method :* | Explanation, Printed materials |
| *Teaching Evaluation :* | Verbalizes understanding |
| | Marantz , Seth M RN - 7/25/2020 23:12 CDT |

DOCUMENT NAME: Disposition Summary ED
SERVICE DATE/TIME: 7/25/2020 22:52 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Marantz ,Seth M RN (7/25/2020 22:52 CDT)

**Disposition Summary ED Entered On: 7/25/2020 22:52 CDT**
**Performed On: 7/25/2020 22:52 CDT by Marantz , Seth M RN**

**Disposition Summary ED**
*Condition at Discharge :* Stable
*Accompanied By :* Parent
*Disposition Type ED :* Home

# Discharge Documentation

*Method of Transportation :* Private vehicle
*ED Audit Flag :* N/A

Marantz , Seth M RN - 7/25/2020 22:52 CDT

**Education**

ED Education Grid

| | |
|---|---|
| *Topics :* | Discharge instructions, Plan of care |
| *Individuals Taught :* | Patient, Mother |
| *Barriers to Learning :* | None evident |
| *Teaching Method :* | Explanation, Printed materials |
| *Teaching Evaluation :* | Verbalizes understanding |
| | Marantz , Seth M RN - 7/25/2020 22:52 CDT |

# Emergency Documentation

DOCUMENT NAME: Vital Signs/Patient Status ED
SERVICE DATE/TIME: 7/25/2020 22:52 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Marantz ,Seth M RN (7/25/2020 22:52 CDT)

**General Assessment ED Entered On: 7/25/2020 22:53 CDT**
**Performed On: 7/25/2020 22:52 CDT by Marantz , Seth M RN**

**Patient Status**
*Affect/Behavior :* Appropriate
*Orientation :* Oriented x 4
*Level of Consciousness :* Alert
*Distress :* None
*Capillary refill :* Less than/equal to 2 seconds
*Respiratory Distress :* None
*Skin temperature :* Warm
*Skin Color :* Normal for ethnicity
*Skin Description :* Normal for ethnicity
*Mucous Membrane Color :* Pink
*Mucous membrane description :* Moist
*General Assessment Evaluation Comments :* pt alert no distress no needs. mom with no questions after dc education. verbalizes understanding

Marantz , Seth M RN - 7/25/2020 22:52 CDT

---

DOCUMENT NAME: ED Clinical Summary
SERVICE DATE/TIME: 7/25/2020 23:13 CDT
RESULT STATUS: Modified
SIGN INFORMATION: Marantz ,Seth M RN (7/25/2020 23:13 CDT); Marantz ,Seth M RN (7/25/2020 22:53 CDT); Gregg ,Victoria S MD (7/25/2020 22:45 CDT)

**ED Clinical Summary**

## Dell Children's Medical Center

4900 Mueller Boulvard
Austin, TX 78723
Telephone (512)324-0000

## PERSON INFORMATION

**Name** LONG, SOPHIE
**Sex** Female
**Marital Status** Single
**MRN** 7976035
**Chief Complaint** R O SA
**Track Group** DC ED Track Group
**Tracking Id** 249670720
**Checkin** 7/25/2020 16:53:09
**Arrival** 7/25/2020 16:53:09

**Age** 9 Years
**Language** English
**Phone** (928)-274-7867
**FIN** 8077431943
**Enc Type** OP Emergency
**Discharge** 7/25/2020 23:13:00
**Checkout** 7/25/2020 23:13:00
**Acuity** 2 - Emergent

**PCP** Default , PCP Doctor Name
**PCP Phone**

**Med Service** Pediatric Emergency Medicine

**Dispo Type** Home
**LOS** 000 06:20

## Address:

# Emergency Documentation

181 HIGH POINT RDG SEGUIN TX 78155

## VITALS INFORMATION

| Vital Sign | Triage | Latest |
|---|---|---|
| Temp Oral DegF | 98 DegF | 98.5 DegF |
| Temp Rectal DegF | | |
| Temp Temporal Artery DegF | | |
| Peripheral Pulse Rate | 84 bpm | 90 bpm |
| Systolic Blood Pressure | 116 mmHg | 115 mmHg |
| Diastolic Blood Presssure | 74 mmHg | 64 mmHg |
| Respiratory Rate | 20 br/min | 20 br/min |
| Oxygen Saturation | 100 % | 100 % |

## DISCHARGE DIAGNOSIS

Sexual assault by bodily force by parent

## ORDERS INFORMATION

## ALLERGY INFORMATION

Allergy Info:

Latex

## MEDICATIONS

## PATIENT EDUCATION INFORMATION

Instructions:

VAGINITIS (Child); CHILD ABUSE, Suspected

Follow up:

| With: | Address: | When: |
|---|---|---|
| 1) Your primary care provider | | Within 1 to 2 days (dias) |

**Comments:**
Return for fever, vomiting, vaginal discharge worsening rash or any other concerns

## EVENTS INFORMATION

| Event Name | Event Status | Request Date/Time | Start Date/Time | Complete Date/Time |
|---|---|---|---|---|
| Arrive | Complete | 7/25/2020 16:53:09 | 7/25/2020 16:53:09 | 7/25/2020 16:53:09 |

## Emergency Documentation

| | | |
|---|---|---|
| EP Assess | Complete | 7/25/2020 16:53:09 7/25/2020 16:54:57 7/25/2020 16:54:57 |
| ERBO | Complete | 7/25/2020 16:53:09 7/25/2020 21:45:52 7/25/2020 21:45:52 |
| Registration | Complete | 7/25/2020 16:53:09 7/25/2020 17:22:15 7/25/2020 21:06:00 |
| Triage | Complete | 7/25/2020 16:53:09 7/25/2020 17:04:33 7/25/2020 17:04:33 |
| Bed Assign | Complete | 7/25/2020 16:56:11 7/25/2020 16:56:11 7/25/2020 16:56:11 |
| EN Assess | Complete | 7/25/2020 17:04:33 7/25/2020 17:16:56 7/25/2020 17:16:56 |
| VS Recheck | Complete | 7/25/2020 17:04:33 7/25/2020 17:04:33 7/25/2020 17:04:33 |
| VS Recheck | Complete | 7/25/2020 17:04:33 7/25/2020 17:04:33 7/25/2020 19:40:37 |
| Social Service | Request | 7/25/2020 17:04:34 |
| Social Service | Request | 7/25/2020 17:14:41 |
| VS Recheck | Complete | 7/25/2020 19:40:37 7/25/2020 19:40:37 7/25/2020 22:50:44 |
| EP Assess | Complete | 7/25/2020 20:54:33 7/25/2020 20:54:33 7/25/2020 20:54:33 |
| Urine Orders | Complete | 7/25/2020 21:37:35 7/25/2020 22:01:40 7/25/2020 22:01:40 |
| Microbiology | Complete | 7/25/2020 21:37:35 7/25/2020 22:01:38 7/25/2020 22:01:38 |
| Discharge | Complete | 7/25/2020 22:45:41 7/25/2020 22:52:41 7/25/2020 22:52:41 |
| VS Recheck | Start | 7/25/2020 22:50:44 7/25/2020 22:50:44 |

## PROVIDER INFORMATION

| Provider | Role | Assigned | Unassigned |
|---|---|---|---|
| Hagen , Anne L RN PNP | ED Provider | 7/25/2020 16:54:58 | 7/25/2020 16:54:59 |
| Putty , Krista M MD Resident | Resident | 7/25/2020 16:56:04 | 7/25/2020 16:56:44 |
| Brooks , Andrew B MD Resident | Resident | 7/25/2020 16:56:13 | 7/25/2020 16:56:17 |
| White , Jennifer MD Resident | Resident | 7/25/2020 17:01:55 | 7/25/2020 19:58:31 |
| Stark , Jennifer M RN | ED Nurse | 7/25/2020 17:04:40 | |
| Marantz , Seth M RN | ED Nurse | 7/25/2020 19:01:06 | |
| Gregg , Victoria S MD | ED Provider | 7/25/2020 20:54:34 | |

## OVERRIDE REASONS

| Depart Action | Incomplete Reason |
|---|---|
| Review Order(s) | Order Review Completed |

# Emergency Documentation

* Auth (Verified) *

# Patient Visit Summary

LONG, SOPHIE , has been given the following list of patient education materials and follow-up instructions.

LONG, SOPHIE
FIN: 8077431943 MRN: 7976035 ADM: 07/25/20
DOB: 09/16/2010 9 Years Female
Alias:
Admitting: Default , TBD

4

## Patient Education Materials:

VAGINITIS (Child); CHILD ABUSE, Suspected

**Prescriptions:**

♦ No medications were prescribed at discharge. There are no prescriptions to be filled.

**Follow Up**

| With: | Address: | When: |
|---|---|---|
| 1) Your primary care provider | | 1 to 2 days (dias) |
| **Comments:** | | |
| Return for fever, vomiting, vaginal discharge worsening rash or any other concerns | | |

I, **LONG, SOPHIE** understand that the treatment I have received was rendered on an Emergency basis only and that further treatment may be necessary. I have been given a copy of the above instructions and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the Emergency Department

7/25/2020 22:45:27

Patient Signature

7/25/2020 22:45:27

Provider Signature

## Emergency Documentation

DOCUMENT NAME: ED Discharge Education
SERVICE DATE/TIME: 7/25/2020 23:13 CDT
RESULT STATUS: Modified
SIGN INFORMATION: Marantz ,Seth M RN (7/25/2020 23:13 CDT); Marantz ,Seth M RN (7/25/2020 22:53 CDT); Gregg ,Victoria S MD (7/25/2020 22:45 CDT)

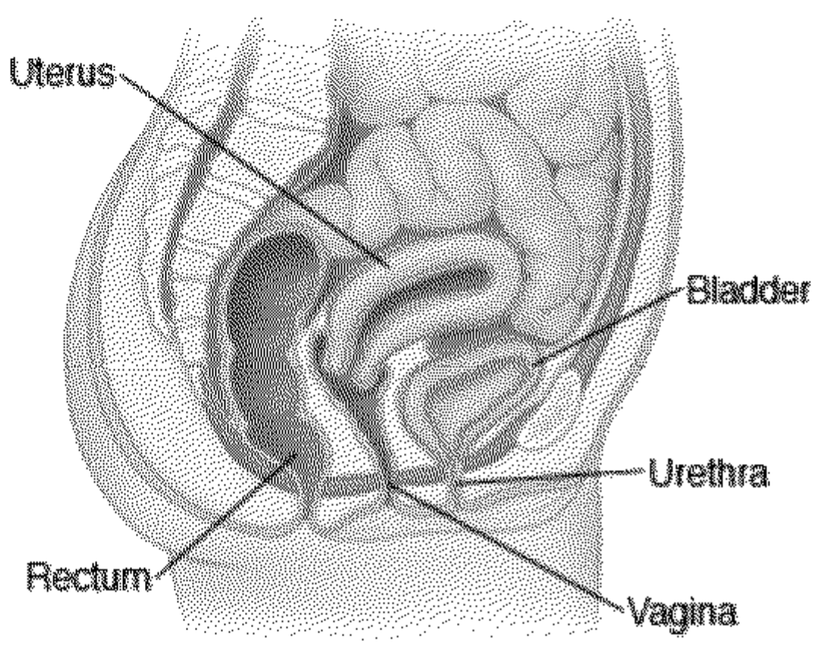
**ED Discharge Education**

# PATIENT EDUCATION INSTRUCTIONS

**Name:** LONG, SOPHIE **Current Date:** 7/25/2020 23:13:09
**MRN:** 7976035 **FIN:** 8077431943
**The following sheet(s) are the Patient Education Leaflets for** LONG, SOPHIE

Peds

## Vaginitis (Child)




Vaginitis means that the vagina is irritated (inflamed). It may also mean the tissue around the opening of the vagina is irritated. This may cause itching, soreness, or pain when your child urinates. There may be redness, swelling, and some discharge from the vagina.

Vaginitis may be caused by:

- **Infection.** Many vaginal infections are caused by bacteria in the stool. These can be treated without antibiotics as described below. Other infections are more serious and need medicine to treat.

## Emergency Documentation

- **Irritation.** This may happened if your child wears tight clothing like jeans, leotards, or bathing suits. Panties or pantyhose made of polyester or nylon may also cause irritation.
- **Sensitivity.** Some girls are sensitive to chemicals in bubble bath or to perfumed soaps, shampoo, or hair conditioner used in the tub. Some girls are also sensitive to scented or dyed toilet paper.

Vaginitis may also happen with excessive masturbation, insertion of objects into the vagina, or sexual abuse. If you have any suspicions that your child has been molested, please bring this to your doctor's attention.

### Home care

Follow these tips when caring for your child at home:

- Teach your child to wipe from front to back to avoid getting stool into the vagina.
- Twice a day, have your child soak in a tub of warm water with no soap. With legs spread, use a clean washcloth to remove any discharge or cheesy material from the vaginal folds. Blot dry with a clean towel. Allow the area to be exposed to the air for 15 more minutes before your child gets dressed again.
- Your child should use only white, unscented toilet paper. She shouldn't use bubble bath or scented soaps. She should wash her hair in the sink or in the shower. This keeps the soaps and dyes in the shampoo from getting in the bath water, which may cause vaginal irritation.
- Your child should wear loose fitting cotton panties. She should not wear panties at night to prevent build up of heat and moisture. She should change her panties several times a day if she has a discharge.
- Your child should not wear clothing that is tight in the crotch like jeans, leotards, or bathing suits. Dresses or skirts allow air to circulate. Air movement helps stop heat and moisture from building up.
- Urination may cause burning and pain. This is because the urine passes over the inflamed tissues. Let your child sit in a tub of warm water to urinate. This will dilute the urine as it comes out and prevent irritation.

- If her age is appropriate, make certain that your daughter understands that she should not allow anyone to touch her sexually.

## Follow-up care

Follow up with your health care provider if your child is not getting better.

## When to seek medical advice

Call your child's health care provider right away if any of these occur:

- Swelling or increasing redness in the vaginal area
- Your child isn't able urinate because of the pain
- Fever of 100.4°F (38°C) orally or 101.4°F (38.5°C) rectally or higher, or as directed by your health care provider
- Pain in the lower belly (abdomen)
- Rash or joint pain
- Open sores around the vagina

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## Reporting To Child Protective Services

Based on the information obtained today, your doctor is concerned that your child's health or well-being may be at risk. Your doctor is required by state law to report this to the police or Child Protective Services (CPS).

A police officer or a CPS worker will come to talk with you and investigate the situation. If the investigating officer believes that the child is not safe in the home, your child may be taken into protective custody, taken to a juvenile facility, placed temporarily with relatives, or in a foster shelter home. The final disposition will depend on a court hearing.

While physicians, police and CPS workers do their best, sometimes the facts are misleading. If the investigation shows that there is no danger to your child, we apologize in advance for the emotional

upset this may have caused. However, many times, such concerns prove to be correct and the intervention is necessary for the welfare of the child.

Based on the medical exam performed today, it is safe for your child to be released in accordance with the CPS or police directives.

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DOCUMENT NAME: ED Patient Summary
SERVICE DATE/TIME: 7/25/2020 23:13 CDT
RESULT STATUS: Modified
SIGN INFORMATION: Marantz ,Seth M RN (7/25/2020 23:13 CDT); Marantz ,Seth M RN (7/25/2020 22:53 CDT); Gregg ,Victoria S MD (7/25/2020 22:45 CDT)

**ED Patient Summary**

dell children's
medical center of central texas
A member of the Seton Family of Hospitals

## Dell Children's Medical Center of Central Texas

4900 Mueller Boulevard
Austin, TX 78723
(512)324-0000

## Emergency Services
## Discharge Instructions

**Name:** LONG, SOPHIE **Current Date:** 7/25/2020 23:13:08

**DOB:** 9/16/2010 **Sex:** Female **MRN:** 7976035 **FIN:** 8077431943

**Primary Care Provider:** Default , PCP Doctor Name **Phone:**

**Discharge Diagnosis:** Sexual assault by bodily force by parent

**You presented to the Emergency Department on:** 7/25/2020 16:53:09

**Your Emergency Department provider was:** Gregg , Victoria S MD

# Emergency Documentation

**Prescriptions:**

¨ No medications were prescribed at discharge. There are no prescriptions to be filled.

**Follow Up**

| With: | Address: | When: |
|---|---|---|
| 1) Your primary care provider | | 1 to 2 days (dias) |
| **Comments:** | | |
| Return for fever, vomiting, vaginal discharge worsening rash or any other concerns | | |

Dell Children's Medical Center of Central Texas would like to thank you for allowing us to assist you with your healthcare needs. Treatment in the Emergency Department is only one small piece of your treatment and Emergency Care is NOT a substitute for primary care.

Proper follow-up is needed anytime you have an injury or illness that becomes so severe as to be an emergency. These instructions contain information as to where and when you should follow-up.

Fill all of the prescriptions ordered by your doctor and take them as directed. If you have been given an antibiotic, be sure to take all of it. If you have been given a sedative or a narcotic pain medication, we advise that you do not drive or operate machinery for 6-8 hours after taking a dose of these types of medications. Bring your medications with you any time you come to an Emergency Department.

For any problems obtaining appointments at a Clinic or Referral Doctor's office, please call the Emergency Department at 512-324-0150 and ask for the Case Manager.

If you had any cultures or x-rays performed during your visit, your final reports will be reviewed. You will be contacted if any further instructions are needed.

If you need information about applying for Medical Assistance (MAP), call 512-978-8130.

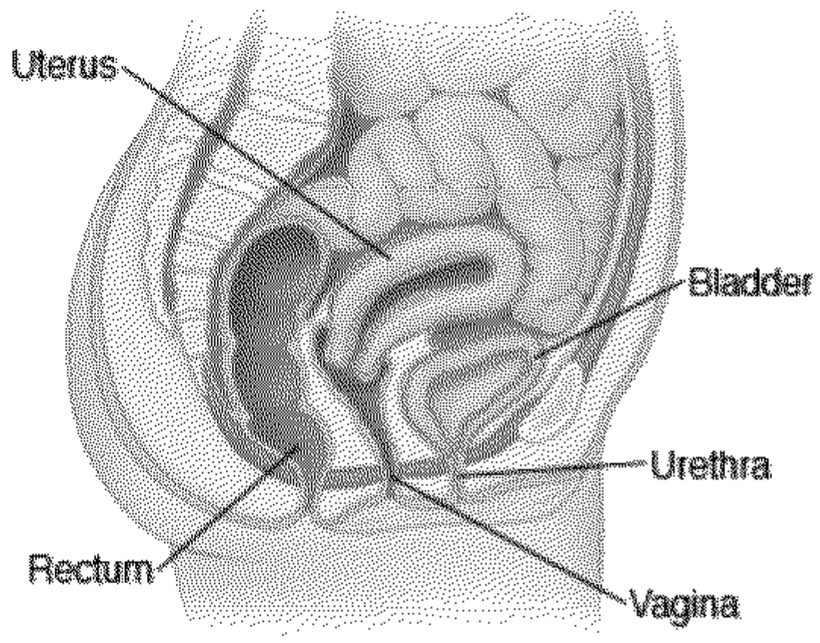
If you need a referral to a doctor for reasons not related to your Emergency visit, you may call out call center at 512-324-4444.

Please take the time to carefully read the instructions that follow, as they do contain specific information regarding your injury/ illness. Please bring these instructions and all medications with you to your follow-up.

**The following sheet(s) are the Patient Education Leaflets for** LONG, SOPHIE

Vaginitis (Child)

# Emergency Documentation




Vaginitis means that the vagina is irritated (inflamed). It may also mean the tissue around the opening of the vagina is irritated. This may cause itching, soreness, or pain when your child urinates. There may be redness, swelling, and some discharge from the vagina.

Vaginitis may be caused by:

- **Infection.** Many vaginal infections are caused by bacteria in the stool. These can be treated without antibiotics as described below. Other infections are more serious and need medicine to treat.
- **Irritation.** This may happened if your child wears tight clothing like jeans, leotards, or bathing suits. Panties or pantyhose made of polyester or nylon may also cause irritation.
- **Sensitivity.** Some girls are sensitive to chemicals in bubble bath or to perfumed soaps, shampoo, or hair conditioner used in the tub. Some girls are also sensitive to scented or dyed toilet paper.

Vaginitis may also happen with excessive masturbation, insertion of objects into the vagina, or sexual abuse. If you have any suspicions that your child has been molested, please bring this to your doctor's attention.

## Home care

Follow these tips when caring for your child at home:

- Teach your child to wipe from front to back to avoid getting stool into the vagina.

## Emergency Documentation

- Twice a day, have your child soak in a tub of warm water with no soap. With legs spread, use a clean washcloth to remove any discharge or cheesy material from the vaginal folds. Blot dry with a clean towel. Allow the area to be exposed to the air for 15 more minutes before your child gets dressed again.
- Your child should use only white, unscented toilet paper. She shouldn't use bubble bath or scented soaps. She should wash her hair in the sink or in the shower. This keeps the soaps and dyes in the shampoo from getting in the bath water, which may cause vaginal irritation.
- Your child should wear loose fitting cotton panties. She should not wear panties at night to prevent build up of heat and moisture. She should change her panties several times a day if she has a discharge.
- Your child should not wear clothing that is tight in the crotch like jeans, leotards, or bathing suits. Dresses or skirts allow air to circulate. Air movement helps stop heat and moisture from building up.
- Urination may cause burning and pain. This is because the urine passes over the inflamed tissues. Let your child sit in a tub of warm water to urinate. This will dilute the urine as it comes out and prevent irritation.
- If her age is appropriate, make certain that your daughter understands that she should not allow anyone to touch her sexually.

### Follow-up care

Follow up with your health care provider if your child is not getting better.

### When to seek medical advice

Call your child's health care provider right away if any of these occur:

- Swelling or increasing redness in the vaginal area
- Your child isn't able urinate because of the pain
- Fever of 100.4°F (38°C) orally or 101.4°F (38.5°C) rectally or higher, or as directed by your health care provider
- Pain in the lower belly (abdomen)

## Emergency Documentation

- Rash or joint pain
- Open sores around the vagina

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Based on the information obtained today, your doctor is concerned that your child's health or well-being may be at risk. Your doctor is required by state law to report this to the police or Child Protective Services (CPS).

A police officer or a CPS worker will come to talk with you and investigate the situation. If the investigating officer believes that the child is not safe in the home, your child may be taken into protective custody, taken to a juvenile facility, placed temporarily with relatives, or in a foster shelter home. The final disposition will depend on a court hearing.

While physicians, police and CPS workers do their best, sometimes the facts are misleading. If the investigation shows that there is no danger to your child, we apologize in advance for the emotional upset this may have caused. However, many times, such concerns prove to be correct and the intervention is necessary for the welfare of the child.

Based on the medical exam performed today, it is safe for your child to be released in accordance with the CPS or police directives.

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**The Ascension Seton Family of Hospitals is interested in your overall health and wellness.**

**Flu** can be a serious illness. If you have general questions about the Flu, please call the State Flu Hotline at 888-777-5320.

**Depression** can be a serious illness. If you are having emotional problems or feeling suicidal, seek help immediately - return to the Emergency Department or call the Crisis Hotline at 515-472-HELP (515-472-4357).

**Smoking Cessation:** If you smoke, quit. It is the best thing you can do to stay healthy. Pick a day to quit. If you fail the first time, don't give up. Keep trying and learn from your experience.

## Emergency Documentation

**Immunizations for Adults:** At age 65 you should get a pneumococcal ("pneumonia") vaccination and begin receiving influenza ("flu") shots every year. Adults with some chronic medical conditions need to start these vaccinations earlier. College bound students who plan on living in dorms should receive the menigococcal ("meningitis") vaccine unless they have already been immunized already. Tetanus boosters are recommended every 10 years between 11-64 years of age.

**Immunizations for Children:** Children should have up-to-date immunizations. Most schools require that immunizations be complete before children can attend school. For information on free or low-cost vaccinations for children, call 2-1-1 (Information and Referral Line)

**Injury Prevention Tips:**
NEVER drive after drinking alcohol or taking medications that may make you drowsy.

Always wear a safety helmet while riding on a motorcycle, bicycle or all-terrain vehicle.

Always wear safety belts while in a car. Make sure infants and children are properly restrained while in a car. For information and assistance with the proper installation and use of children's car seats, call 512-324-TOTS.

Prevent falls by older adults. Repair slippery or uneven walking surfaces, improve poor lighting, remove throw rugs and clutter in walkways, use grab bars and non-slip mats in bathrooms, and install handrails on both sides of stairways. Always arise slowly from sitting and lying positions. Review your medication list with your Primary Care Physician annually, for adjustments to medications that may be causing drowsiness or dizziness and increasing your risk of falls. This is also a good time to discuss an exercise routine to improve flexibility and muscle tone.

Never swim alone or allow your children to swim alone in unsupervised places. Make sure an adult is **constantly** watching children swimming or playing in or around the water.

Use smoke detectors in your home. Change the batteries every year and check to see if they work every month.

Keeping a gun in your home can be dangerous. If you do, make sure that the gun and the ammunition are locked up separately.

**Advance Directives:** You have the right under State Law to make decisions concerning medical care, including the right to create and sign "Advance Directives" in the event you should be unable to speak for yourself (Living Will, Durable Medical Power of Attorney). If you would like further information, any of our staff will be happy to assist you.

## Patient Visit Summary

LONG, SOPHIE , has been given the following list of patient education materials and follow-up instructions.

Patient Education Materials:

VAGINITIS (Child); CHILD ABUSE, Suspected

# Emergency Documentation

**Prescriptions:**

¨ No medications were prescribed at discharge. There are no prescriptions to be filled.

**Follow Up**

| With: | Address: | When: |
|---|---|---|
| 1) Your primary care provider | | 1 to 2 days (dias) |
| **Comments:** | | |
| Return for fever, vomiting, vaginal discharge worsening rash or any other concerns | | |

I, **LONG, SOPHIE** understand that the treatment I have received was rendered on an Emergency basis only and tha
further treatment may be necessary. I have been given a copy of the above instructions and I will arrange for follow-u
care as outlined above. If my condition worsens, I will call my doctor or return to the Emergency Department

_____

7/25/2020 23:13:08

Patient Signature

_____

7/25/2020 23:13:08

Provider Signature

* Auth (Verified) *

dell children's
medical center of central texas
A member of the Seton Family of Hospitals

# Emergency Department Registration Form

**Please Print Legibly** (*Favor de llenaren tetra de imprenta y legible*)

**Patient/Child Name** (*Nombre de Paciente*): _____

**Date of Birth** (*Fecha de Nacimiento*):_____ **Age** (*Edad*): _____ **Sex** (*Sexo*) ☐ **M** ☐ **F**
Month/day/year (Mes/dia/ano)

**Phone Number** (*Numero de Telefono*): (____)____-_____ **M.D./Médico**_____

## NURSE USE ONLY (*SOLO PARA USO DE ENFERMERA*)

**Date:** 7-25-20 **Time:** 1652

**Communication Barrier:** ☐ Yes ☑ No
☐ Cough ☑ Mask

**Chief Complaint** R/O SA
Requesting females denies fever/cough

**Room #** 33

**Medical History:** Rt arm
Asthma Burn Grafts OOT UTD All Lates

| Neuro (AVPU) | | Airway | | Breathing | | Circulation | | Cap Refill | |
|---|---|---|---|---|---|---|---|---|---|
| Alert | ✓ | Patent | ✓ | Non-labored | ✓ | Pink/Warm/Dry | ✓ | < 2 sec. | ✓ |
| Verbal | | Compromised | | Labored | | Pale/Cool/Moist | | > 2 sec. | |
| Pain | | Stridor | | Wheezing | | | | Quick Look Acuity: | |
| Unresponsive | | | | $O_2$ Sat. ____% | | | | 3 | |

Has patient traveled out of the country in the last 21 days? YES (NO) If YES, does patient have cough, shortness of breath, fever, headache, weakness, muscle or joint pain, vomiting, diarrhea or abdominal pain? YES NO

**Quick Look RN Signature:** S Sabori

**Dell Children's ED Early Warning System PILOT**

| Time | Temperature (route) | Heart Rate | Respirations | Blood pressure (systolic/diastolic) | Pulse Oximetry | ED Pews Calculation | RN initials |
|---|---|---|---|---|---|---|---|
| Triage: | 98 | 84 | 20 | 116/74 | — | 0 | SS |
| Discharge: | 98.5 | 90 | 20 | 115/64 | 100 | 0 | SMP |

Placed in Waiting Room #1 #2 #3 Private room UTL #1_____#2_____#3_____

**Triage Acuity:**

Review of PEWS at Discharge

RN Signature _____ MD Signature _____

Weight 42 kg
Updated 2/3/2020

LONG, SOPHIE
FIN: 8077431943 MRN: 7976035 ADM: 07/25/20
DOB: 09/16/2010 9 Years Female
Alias:
Admitting: Default , TBD

4

# Emergency Documentation

DOCUMENT NAME: Physician ED Documentation
SERVICE DATE/TIME: 7/25/2020 22:15 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Gregg ,Victoria S MD (7/25/2020 22:44 CDT)

**General Medical Problem *ED**

Patient: **LONG, SOPHIE** **MRN: 7976035** **FIN: 8077431943**
Age: **9 years** Sex: **Female** DOB: **9/16/2010**
Associated Diagnoses: **None**
Author: **Gregg , Victoria S MD**

**Basic Information**

**Time seen:** Date & time 7/25/2020 22:15:00.
**History source:** Step mother.

**History of Present Illness**

Patient is a 9-year-old who is being evaluated here for SANE. This SANE was not performed due to the time since the exposure. It is been over 5 days. The last exposure was on June July 12. Please see social work notes for details but the stepmother and father are here concerned about possible exposures when the patient is in the care of the biological mother. The child has not been in any outcry to me. When I explained that we were going to examine her because there was concern that someone was touching her airway she did not want to be touched she simply said I do not know and shrugged her shoulders. I did not pursue any further questioning at that time. She is otherwise healthy. She has been treated by her pediatrician for a possible UTI as well as vaginitis with Lotrimin cream. She is still complaining of burning when she pees. She has any fever, vomiting or abdominal pain.

**Review of Systems**

**Constitutional symptoms:** No fever, no chills.
**Skin symptoms:** No rash,
**Eye symptoms:** No recent vision problems,
**ENMT symptoms:** No ear pain, no sore throat, no nasal congestion.
**Respiratory symptoms:** No shortness of breath, no cough.
**Cardiovascular symptoms:** No chest pain,
**Gastrointestinal symptoms:** No abdominal pain, no nausea, no vomiting, no diarrhea.
**Genitourinary symptoms:** No dysuria,
**Musculoskeletal symptoms:** No back pain,
**Neurologic symptoms:** No headache, no dizziness.

**Health Status**

**Allergies:** latex.
**Immunizations:** Up to date.
**Pregnancy history:** Never pregnant.

**Past Medical/ Family/ Social History**

# Emergency Documentation

**Medical history**
Negative.

**Maternal History**
**No significant maternal complications**
**Perinatal History:** No significant perinatal complications, full term.
**Surgical history:** Negative.
**Family history:** Not significant.
**Social history:** Reviewed as documented in chart, Family/social situation: History of CPS involvement in the past with mom and dad complaining about the care at each other's homes..

**Physical Examination**
**General:** Alert, no acute distress, Happy playful alert and well hydrated.

**Vital Signs**
**Glasgow coma scale:** Total score: Total score: 15.
**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.
**Skin:** Warm, pink, moist, no pallor, no rash, Small isolated erythematous papules in the groin area that look consistent with insect bites..
**Head:** Normocephalic, atraumatic.
**Neck:** Supple, trachea midline, no tenderness.
**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision grossly normal.
**Ears, nose, mouth and throat:** Tympanic membranes clear, oral mucosa moist, no pharyngeal erythema or exudate.
**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.
**Respiratory:** Lungs are clear to auscultation, breath sounds are equal, Symmetrical chest wall expansion, Respirations: Regular, Retractions: None.
**Chest wall:** No tenderness.
**Back:** Nontender, Normal range of motion, Normal alignment.
**Musculoskeletal:** Normal ROM, normal strength, no tenderness, no swelling, no deformity.
**Gastrointestinal:** Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.
**Genitourinary:** Normal genitalia for age, Hymenal ring was intact. Posterior fourchette intact. No foul odor or discharge noted. No erythema or bruising noted. Anal exam within normal limits. No tears visualized. No bruising..
**Lymphatics:** No lymphadenopathy.
**Psychiatric:** Cooperative.

**Reexamination/ Reevaluation**
We will send urine for GC chlamydia as well as a repeat UA just to make sure there is no urinary tract infection to explain the dysuria. More likely it seems to be vaginitis and would continue current care as per their pediatrician. CPS to follow up as an outpatient and will refer to the CARE team and CAC

**Impression and Plan**

# Emergency Documentation

**Diagnosis**

Eval for possible sexual assault

**Plan**

**Disposition:** Discharged: time 7/25/2020 22:43:00.

**Patient was given the following educational materials:** CHILD ABUSE, Suspected.

**Follow up with:** 1) Your primary care provider Within 1 to 2 days (dias), 1) Your primary care provider Within 1 to 2 days (dias).

Electronically Signed By: Gregg, Victoria S, MD, 25-Jul-2020 22:44 CDT

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DOCUMENT NAME: Physician ED Documentation
SERVICE DATE/TIME: 7/25/2020 16:55 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Hagen ,Anne L RN PNP (7/25/2020 16:55 CDT)

**MSE-SANE**

Patient: **LONG, SOPHIE** **MRN: 7976035** **FIN: 8077431943**
Age: **9 years** Sex: **Female** DOB: **9/16/2010**
Associated Diagnoses: **None**
Author: **Hagen , Anne L RN PNP**

**Date: _Time:_**
**Chief Complaint: _SANE**
**Physical Exam:**
**Neuro**: x Alert, active _ Sleeping, easily aroused, _ Irritable/Lethargic/Unresponsive
**HEENT**: x MMM _ MMdry _Other:
**Resp**: xAirway Patent xEven, unlabored, no retractions _Lungs clear _Wheeze/Crackles _Labored/Retractions _Other:
**Cardio**: xSkin pink, dry _Pulse regular, even _Brisk CR _ HR irregular: _HR _HR¯ _Murmur _Delayed CR _ Other
**GI**: _Abd soft, ND _Abd NT _TTP; Diffuse _ LUQ _ LLQ _ Suprapubic _ RUQ _ RLQ _ Other:_
**MSK**: x Ambulating well _Unable to ambulate well x Neurovascularly intact _ No deformity
**Integ**: _ Rash _Injury _Laceration _Wound _Lesion
Location: Diffuse Head Neck Torso LUE x RUE LLE RLE
Deformity _ ~~Edema~~ _ Erythema _Visible Foreign Body _Other:
**Other Findings:_**
**Assessment**:
x Well-appearing, no apparent distress _ Ill appearing, non-toxic _ Toxic/In Distress _ Other:_
**Orders/Plan: Per SS and SANE protocol**
**Labs**: _UA/Micro _Urine CX _UA _UPT _Rapid Strep Screen
**Imaging**: _ XR_
_EKG _Meds per SMDO _ Other:_
Cleared for Triage Awaiting bed placement _Bed Assigned _X Immediate assistance/PCC or CN notified

**Basic Information**

**Time seen:** Immediately upon arrival.

**Health Status**

# Emergency Documentation

**Allergies:**
No active allergies have been recorded..

**Past Medical/ Family/ Social History**
**Problem list:**
No qualifying data available
.

**Physical Examination**

**Vital Signs**
No qualifying data available (last 24 hrs).

Electronically Signed By: Hagen, Anne L, RN PNP, 25-Jul-2020 16:55 CDT

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DOCUMENT NAME: Triage ED Forms
SERVICE DATE/TIME: 7/25/2020 17:01 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Stark ,Jennifer M RN (7/25/2020 17:01 CDT)

**Triage Assessment Adult/Peds ED - DCMC Entered On: 7/25/2020 17:04 CDT**
**Performed On: 7/25/2020 17:01 CDT by Stark , Jennifer M RN**

**Triage**
*Mode of Arrival, ED :* Private vehicle, Ambulatory
*Hx of Present Illness/Mech of Inj/Onset :* Mother requesting R/O SA
*Abuse/Neglect Screen :* Yes

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

DCP GENERIC CODE
*Visit Reason :* R O SA
*Tracking Acuity :* 2 - Emergent
*Tracking Group :* DC ED Track Group

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

*General Asmt Intervention &/or Note :* Pt AAOx4, NAD, denies pain
*Treatments Prior to Arrival :* None
*Pregnancy Status :* Patient denies
*Currently Breastfeeding a Child :* No
*Immunizations Current :* Yes
*Recent Travel History :* No recent travel
*Isolation Precautions Initiated :* Private room

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

**COVID-19 Screening**
*COVID-19 Assess :* Able to Assess
*COVID-19 Symptoms :* No
*COVID-19 Interpretation :* No

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

# Emergency Documentation

**Suicide Risk Screener**
*Down, Depressed, Hopeless-Suicide :* No
*Suicide Ideation Past 2 Weeks :* No
*Attempted Suicide :* No
*Suicide Risk Above Age 6 :* Yes

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

**Allergy**
*Allergy History :* Reviewed/Updated this visit

Stark , Jennifer M RN - 7/25/2020 17:01 CDT
(As Of: 7/25/2020 17:04:33 CDT)

Allergies (Active)
Latex *Estimated Onset Date:* Unspecified ; *Created By:* Stark , Jennifer M RN; *Reaction Status:* Active ; *Category:* Environment ; *Substance:* Latex ; *Type:* Allergy ; *Updated By:* Stark , Jennifer M RN; *Reviewed Date:* 7/25/2020 17:03 CDT

**Vitals**
*Temperature Oral (DegF) :* 98 DegF
*Temperature Oral (DegC) :* 36.7 DegC
*Peripheral Pulse Rate :* 84 bpm
*Respiratory Rate :* 20 br/min
*Systolic Blood Pressure :* 116 mmHg
*Diastolic Blood Pressure :* 74 mmHg
*Mean Arterial Pressure :* 88 mmHg
*Oxygen Delivery Method :* Room air
*Pain Assessment :* Yes
*Sepsis Screening Age 18 and above :* No

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

**Weight/Height**
*Weight Source :* Standing Scale #1
*Measured Weight Unit of Measure :* Kilograms
*Measured Weight in Kilograms :* 42 kg
*Measured Weight (kg) :* 42 kg
*Measured Weight in POUNDS :* 92.4 lb

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

**Assessment**
*Level of Consciousness :* Alert
*Respiratory Status :* No distress
*Mucous Membrane Color :* Pink
*Orientation :* Oriented x 4
*Capillary refill :* Less than/equal to 2 seconds
*Mucous membrane description :* Moist

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

**Health History Combined**
*Significant Health History :* Reviewed with patient/guardian

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Health History Grid
*Asthma :* Self

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

*Patient Smoking Status :* N/A

# Emergency Documentation

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

Previous Surgery History Grid

| | |
|---|---|
| *Surgery Description :* | Other: Rt arm burn with skin grafts |
| | Stark , Jennifer M RN - 7/25/2020 17:01 CDT |

**Pain Assessment ED**
*Is Patient Able to Self-Report Pain? :* Yes

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

**Primary Pain**
*Location - Primary Pain :* General
*Self Reported Pain Scale Tool :* Numeric Intensity (8 yr & up)
*Intensity - Primary Pain :* 0 - No Pain

Stark , Jennifer M RN - 7/25/2020 17:01 CDT

# Emergency Department Specific Documentation

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Treatments

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN |
|---|---|
| Item | |
| Treatments Prior to Arrival | None |

## Consultation Notes

DOCUMENT NAME: Consultation
SERVICE DATE/TIME: 7/28/2020 15:12 CDT
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Svoboda ,Michael T RN PNP (7/28/2020 15:12 CDT)

**PATIENT NAME:** LONG, SOPHIE
**MEDICAL RECORD#:** 7976035
**FIN#:** 8077431943
**DATE OF BIRTH:** 09/16/10
**DATE OF DCMC ED EVALUATION:** 07/25/20
**DATE OF CARE ED CASE REVIEW:** 07/27/20

The CARE Program completed a review of this patient's evaluation from the Dell Children's Medical Center (DCMC) Emergency Department (ED), including review of laboratory and radiologic findings. The CARE Program obtained the following information from the patient's medical chart and did not physically evaluate the patient.

The CARE Program was provided information by DCMC ED social worker, Carrie St. John, on 07/27/20 regarding this 9-year-old female, Sophie Long, who was brought to the DCMC ED by her stepmother for evaluation of possible sexual assault. According to the DCMC ED medical records, the stepmother reported on-going custody issues between the biological parents that included exposure of Sophie and her siblings to felons (biological mother's boyfriend) and breaking of custody arrangements; several recent statements by Sophie that raised concerns for the father and step-mother that included a description of feeling like she had a "whole pole in there" referring to her vagina; recent treatments of a urinary tract infection and vaginitis by her pediatrician; and descriptions by the stepmother that Sophie had vaginal discharge and that Sophie's urine appeared green. The stepmother also reported that Sophie told her that her mother's boyfriend and a friend of his touch her and she does not like it; however, there is no description of what kind of touching or where. Although a SAFE evaluation was initially approved, further history indicates that the last possible contact with the mother or her boyfriend was July 12 and the SAFE was deferred.

Sophie's DCMC ED workup consisted of a physical examination, including a thorough anogenital examination, a urinalysis, and urine testing for chlamydia and gonorrhea.

The DCMC ED physician documented that Sophie's physical evaluation was normal, including a normal anogenital examination without discharge or injury. Sophie's laboratory studies were normal, including normal urinalysis with yellow urine.

The DCMC ED social worker obtained additional history from the stepmother that identified numerous psychosocial risk factors for the mother (see ED SW documentation) and the stepmother's concerns that something was happening when Sophie was at her mother's home on visitation. Sophie did not make any outcries during her medical examination and the social worker documented that the two law enforcement entities involved (Frisco PD and Guadalupe County Sheriff's Office) will work together to obtain a forensic interview.

According to the current CDC guidelines, the appropriate medical workup was obtained, and CARE has no further medical recommendations at this time; however, additional information from the law enforcement and CPS investigations may elicit further workup. CARE will liaison with CPS and law enforcement regarding the medical findings.

Electronically Signed By: Svoboda, Michael T, RN PNP, 28-Jul-2020 15:12 CDT

# Orders Details

## Laboratory

| **Chlamydia trachomatis PCR,urine** | | |
|---|---|---|
| Start Date/Time: 7/25/2020 21:15 CDT | | |
| Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab |
| End-state Reason: | | |
| Ordering Physician: Gregg ,Victoria S MD | | |
| Action Type: Order | Date/Time: 7/25/2020 20:58 CDT | Action Personnel: Gregg ,Victoria S MD |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: Written |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 21:12 CDT<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/25/2020 21:15 CDT | Action Personnel: Marantz ,Seth M RN |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/25/2020 23:24 CDT | Action Personnel: Bartee,Lynn A |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/26/2020 10:50 CDT | Action Personnel: Vazquez ,Carolina MLS |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Complete | Date/Time: 7/26/2020 12:29 CDT | Action Personnel: SYSTEM |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |

## Orders Details

## Laboratory

| **Culture Urine** | | |
|---|---|---|
| Start Date/Time: 7/25/2020 22:01 CDT | | |
| Status: Completed | Catalog Type: Laboratory | Activity Type: Micro |
| End-state Reason: | | |
| Ordering Physician: Gregg ,Victoria S MD | | |
| Action Type: Order | Date/Time: 7/25/2020 21:37 CDT | Action Personnel: Gregg ,Victoria S MD |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: Written |
| Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect | | |
| Review Information:<br>Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 21:59 CDT<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/25/2020 22:01 CDT | Action Personnel: Marantz ,Seth M RN |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/25/2020 23:24 CDT | Action Personnel: Bartee,Lynn A |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/26/2020 11:04 CDT | Action Personnel: Trevino ,Patricia C MLS |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Complete | Date/Time: 7/26/2020 20:10 CDT | Action Personnel: Thomas ,Sarah MLS |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Clean Catch, Indications: Pediatric patient, Stat collect | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |

# Orders Details

## Laboratory

| **Neisseria gonorrhoeae PCR,urine** | | |
|---|---|---|
| Start Date/Time: 7/25/2020 21:15 CDT | | |
| Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab |
| End-state Reason: | | |
| Ordering Physician: Gregg ,Victoria S MD | | |
| Action Type: Order | Date/Time: 7/25/2020 20:58 CDT | Action Personnel: Gregg ,Victoria S MD |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: Written |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 21:12 CDT<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/25/2020 21:15 CDT | Action Personnel: Marantz ,Seth M RN |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/25/2020 23:24 CDT | Action Personnel: Bartee,Lynn A |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/26/2020 10:50 CDT | Action Personnel: Vazquez ,Carolina MLS |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Complete | Date/Time: 7/26/2020 12:29 CDT | Action Personnel: SYSTEM |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect, Initial Stream | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |

# Orders Details

## Laboratory

| **Urinalysis with Microscopic** | | |
|---|---|---|
| Start Date/Time: 7/25/2020 22:01 CDT | | |
| Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab |
| End-state Reason: | | |
| Ordering Physician: Gregg ,Victoria S MD | | |
| Action Type: Order | Date/Time: 7/25/2020 21:37 CDT | Action Personnel: Gregg ,Victoria S MD |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: Written |
| Details: Urine, Stat collect | | |
| Review Information:<br>Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 21:59 CDT<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/25/2020 22:01 CDT | Action Personnel: Marantz ,Seth M RN |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Status Change | Date/Time: 7/25/2020 22:05 CDT | Action Personnel: Garcia ,Marianne CLA |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Complete | Date/Time: 7/25/2020 22:26 CDT | Action Personnel: Roman-Lopez , Cynthia MLS |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: Urine, Stat collect | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |

# Orders Details

## Consults

| **Consult Social Services** | | |
|---|---|---|
| Start Date/Time: 7/25/2020 17:04 CDT | | |
| Status: Discontinued | Catalog Type: Consults | Activity Type: Social Services Consults |
| End-state Reason: | | |
| Ordering Physician: SYSTEM | | |
| Action Type: Order | Date/Time: 7/25/2020 17:04 CDT | Action Personnel: SYSTEM |
| Responsible Provider: SYSTEM | Supervising Provider: | Communication Type: Discern Expert |
| Details: | | |
| Review Information:<br>Nurse Review: Electronically Signed, Stark ,Jennifer M RN on 7/25/2020 17:14 CDT<br>Doctor Cosign: Not Required | | |
| Comment: ADMIT/TRIAGE HX: Abuse/Neglect | | |
| Action Type: Discontinue | Date/Time: 7/26/2020 01:00 CDT | Action Personnel: SYSTEM |
| Responsible Provider: SYSTEM | Supervising Provider: | Communication Type: |
| Details: | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |

| **Consult Social Services (Social Services Consult)** | | |
|---|---|---|
| Start Date/Time: 7/25/2020 17:14 CDT | | |
| Status: Discontinued | Catalog Type: Consults | Activity Type: Social Services Consults |
| End-state Reason: | | |
| Ordering Physician: White ,Jennifer MD Resident | | |
| Action Type: Order | Date/Time: 7/25/2020 17:14 CDT | Action Personnel: White ,Jennifer MD Resident |
| Responsible Provider: White ,Jennifer MD Resident | Supervising Provider: | Communication Type: Written |
| Details: For evaluation of, Urgent, SA | | |
| Review Information:<br>Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 19:56 CDT<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Discontinue | Date/Time: 7/25/2020 17:14 CDT | Action Personnel: White ,Jennifer MD Resident |
| Responsible Provider: White ,Jennifer MD Resident | Supervising Provider: | Communication Type: Written |
| Details: For evaluation of, Urgent, SA | | |
| Review Information:<br>Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 19:56 CDT<br>Doctor Cosign: Not Required | | |
| Comment: | | |

# Orders Details

## Patient Care

| **ED Discharge** | | |
|---|---|---|
| Start Date/Time: 7/25/2020 22:45 CDT | | |
| Status: Discontinued | Catalog Type: Patient Care | Activity Type: Nursing |
| End-state Reason: | | |
| Ordering Physician: Gregg ,Victoria S MD | | |
| Action Type: Order | Date/Time: 7/25/2020 22:45 CDT | Action Personnel: Gregg ,Victoria S MD |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: Written |
| Details: | | |
| Review Information:<br>Nurse Review: Electronically Signed, Marantz ,Seth M RN on 7/25/2020 22:47 CDT<br>Doctor Cosign: Not Required | | |
| Comment: | | |
| Action Type: Discontinue | Date/Time: 7/26/2020 01:00 CDT | Action Personnel: SYSTEM |
| Responsible Provider: Gregg ,Victoria S MD | Supervising Provider: | Communication Type: |
| Details: | | |
| Review Information:<br>Doctor Cosign: Not Required | | |
| Comment: | | |

# Urinalysis

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, * = Test performed at this ASCENSION SETON network facility.

## UA Macroscopic

| Collected Date / Time | 7/25/2020 22:01 CDT | | |
|---|---|---|---|
| Item | | Units | Ref. Range |
| UA Color | Yellow | | [Yellow] |
| UA Appear | Clear | | [Clear] |
| UA Glucose | Negative | | [Negative] |
| UA Bili | Negative | | [Negative] |
| UA Ketones | Negative | | [Negative] |
| Specific Gravity Urine | 1.015 | | [<=1.030] |
| UA pH | 5.0 | | [5.0-9.0] |
| UA Protein | Negative | | [Negative] |
| UA Urobilinogen | 0.2 | EhrUnits/dL | [0.2] |
| UA Nitrite | Negative | | [Negative] |
| UA Blood | Negative | | [Negative] |
| UA Leuk Est | Negative | | [Negative] |

## UA Microscopic

| Collected Date / Time | 7/25/2020 22:01 CDT | | |
|---|---|---|---|
| Item | | Units | Ref. Range |
| UA WBC | Occasional | | [Occasional] |
| UA Epithelial Cells | None Seen | | [Occasional] |

# Bacteriology

Legend: C = Corrected, S = Susceptible, I = Intermediate, R = Resistant, N/A = Not Applicable, SDD = Susceptible-Dose Dependent, NS = Nonsusceptible, NoINT = No CLSI interpretive guidelines available for this drug/bug combination. Interpret with caution. -----
*=Test performed at this ASCENSION SETON facility.

| | | | |
|---|---|---|---|
| PROCEDURE: | Culture Urine *1 | ACCESSION: | 20-207-003773 |
| SOURCE TYPE: | U CleanCatch | COLLECTED DATE/TIME: | 7/25/2020 22:01 CDT |
| SOURCE: | | BODY SITE: | |
| ORDERING PHYSICIAN: | Gregg ,Victoria S MD | | |

***FINAL REPORTS***
Final Report
Verified Date/Time/Personnel: 7/26/2020 20:10 CDT Thomas ,Sarah MLS

No growth

Performing Locations

*1: This test was performed at:
Dell Seton Medical Center Lab, CLIA# 45D0504523, 1500 Red River St., Austin, TX, 78701-1918, US

# Bacteriology General Laboratory

Legend: @ = Abnormal, ! = Critical, H = High, L = Low, * = Test performed at this ASCENSION SETON network facility.

| Collected Date / Time | 7/25/2020 21:15 CDT | | |
|---|---|---|---|
| Item | | Units | Ref. Range |
| Chlamydia trachomatis PCR,urine | Negative *1 | | [Negative] |
| Chlamydia trach.PCR Urine Interp | See Below T1 *1 | | |
| GC PCR Urine | Negative *1 | | [Negative] |
| GC PCR Urine Interp | See Below T2 *1 | | |

## Textual Results

T1: 7/25/2020 21:15 CDT (Chlamydia trach. PCR Urine Interp)

Chlamydia trachomatis DNA not detected by real-time PCR. Presumed NEGATIVE for Chlamydia trachomatis. A negative test result does not exclude the possibility of infection because test results may be affected by improper specimen collection, concurrent antibiotic therapy, or the number of organisms in the specimen which may be below the sensitivity of the test. Urine testing has only been validated using first-catch urine collections with this assay. Urine samples collected by alternative methods (midstream, clean-catch, etc.) may yield false-negative results. Urine collections volumes exceeding the recommended 20-50ml collection volume may result in specimen dilution, reduce test sensitivity, and yield false-negative results.

T2: 7/25/2020 21:15 CDT (GC PCR Urine Interp)

Neisseria gonorrhoeae DNA not detected by real-time PCR. Presumed NEGATIVE for N. gonorrhoeae. A negative test result does not exclude the possibility of infection because test results may be affected by improper specimen collection, concurrent antibiotic therapy, or the number of organisms in the specimen which may be below the sensitivity of the test. Urine testing has only been validated using first-catch urine collections with this assay. Urine samples collected by alternative methods (midstream, clean-catch, etc.) may yield false-negative results. Urine collections volumes exceeding the recommended 20-50ml collection volume may result in specimen dilution, reduce test sensitivity, and yield false-negative results.

## Performing Locations

*1: This test was performed at:
Dell Seton Medical Center Lab, CLIA# 45D0504523, 1500 Red River St., Austin, TX, 78701-1918, US

# Patient and Family Education

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Patient/Family Education

| Recorded Date<br>Time<br>By | 7/25/2020<br>22:52 CDT<br>Marantz ,Seth M RN | 7/25/2020<br>23:12 CDT<br>Marantz ,Seth M RN |
|---|---|---|
| Item | | |
| Teaching Evaluation | Verbalizes understanding | Verbalizes understanding |
| Barriers to Learning | None evident | None evident |
| Teaching Method | Explanation, Printed materials | Explanation, Printed materials |
| Individuals Taught | Patient, Mother | Patient, Mother |

## Case Management/Social Services

DOCUMENT NAME: Social Services Progress Note
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: St John ,Carrie LCSW (7/25/2020 23:43 CDT)

Psychosocial Assessment for Sexual Trauma

CHIEF COMPLAINT:
Pt is a nine-year-old female who presented to DCMC ED via private vehicle with her stepmother for concerns r/t potential sexual assault. Pt has not made a specific outcry, but she has exhibited several recent behavioral changes and made concerning statements to her stepmother indicative of possible sexual assault.

Assessment Date: 07/25/20
Assessment Start Time: 1724

PRESENTING PROBLEM:
Pt did not have an outcry or clear presenting concern for potential sexual assault. Stepmother has mounting concerns for possible sexual assault occurring when pt is in the care of her mother and mother's boyfriend, based on pt's recent behavioral changes and various verbalized statements she has made. Pt's last possible known contact with pt's mother's boyfriend was on 07/12/20. Following SW consultation with Frisco PD and DCMC SANE RNs Gabi and Amanda, it was determined that pt is appropriate for a referral to the local CAC for a forensic interview rather than an acute SAFE exam, due to the duration of time reported since last known contact between pt and mother's boyfriend. Sergeant Byrom with Frisco PD, Badge#3388, ph.#972-292-6010, indicated that he will coordinate with APD to request coordination of forensic interview with DCMC CARE team.

Initial diagnosis: concerns for potential sexual assault
Caregiver completing assessment: Stepmother, Kourtney Chalmers, DOB 11/26/1986, main ph.#928-274-7857, WiFi business ph.#830-217-8778 (PLEASE NOTE THAT STEPMOTHER CAN ONLY BE REACHED VIA THE SECOND PHONE NUMBER LISTED WHEN SHE IS AT HER RESIDENCE, AS SHE DOES NOT HAVE PRIMARY CELL SERVICE AT THE FAMILY HOME. HOWEVER, SHE PREFERS FOR CALLERS TO CONTACT THE FIRST NUMBER LISTED ON INITIAL ATTEMPT TO REACH HER, AS THIS IS HER PRIMARY PHONE).
Caregiver interviewed: Stepmother was interviewed in the family room.
Preferred language: English

DEMOGRAPHICS:
Patient name: Sophie Long
DOB: 09/16/2010
Age: 9
Lives with: Shared custody between biological parents
Address: Please refer to parents' addresses below.
Disability/needs: denied by stepmother
Child care/daycare/school: Pt is in fifth grade at Smith Elementary.

BIOLOGICAL PARENTS TO PATIENT:
Mother's name: Kelly Long
DOB: 03/11/1986
Address: 10214 Max Lane, Frisco, TX 75035
Cell phone: 210-518-9419
E-mail: unavailable
Marital status: single
Disability: information unavailable
Religious preference: information unavailable

## Case Management/Social Services

Primary language: English
Employment: Mother is currently employed as an HR Manager for Capital One.

Father's name: Michael Long
DOB: 12/24/1978
Address: 181 High Point Ridge, Seguin, TX 78155
Cell phone: 928-274-7867
E-mail: not asked by SW
Marital status: married
Disability: not asked by SW
Religious preference: not asked by SW
Primary language: English
Employment: Stepmother indicated that father works at a stone crushing company.
Financial needs for family: none reported by stepmother
Parent Relationship and/or Custody Agreement: Stepmother reported that she and pt's father have pt and her biological brothers in their care for one long weekend every month, 42 days every summer, alternating holidays, and every spring break. Pt is currently scheduled to return to her mother's house this Monday, 07/27.
Additional Caregivers for pt
Mother's boyfriend (resides with mother): Jacob Bellington, demographic information unavailable
Paternal grandparents (reside separately on father's property and care for pt and siblings in father and stepmother's absence): Jeannie and John Long
Siblings' names and ages: Biological brothers Jack (7) and Lucas (6). Pt has a half-sibling by her mother and mother's boyfriend who is one year old (name unknown) and resides with mother full-time.

MEDICAL HISTORY:
Pediatrician/medical specialists: Piga Pediatrics in Frisco (pt was last seen on her birthday).
History of significant injuries: Stepmother reported that when the last CPS investigation as to pt's mother and boyfriend was closed out, pt "hurt herself on purpose."
Please refer to MD note for further details of today's medical assessment and for family medical history.

DEVELOPMENTAL HISTORY:
Concerns for patient's development: denied by stepmother
HISTORY OF INCIDENT:
Historian: Stepmother
Interview location: ED family room
Historian's affect/mood/speech: Stepmother was calm, and she provided extensive social history prior to addressing current presenting concerns. Rate, volume and tone of speech were WNL.
Behavioral observation: Stepmother was responsive to questions asked by SW. She expressed a deep concern for ensuring that pt does not feel like she is being retaliated against for disclosing information to her, and for maintaining a trusting relationship with pt after she shared information with hospital staff that pt told her in confidence.
Social history shared by stepmother: Stepmother reported that based on public records she has accessed, mother's boyfriend has hx felony assault and drug charges in addition to charges of unlawful possession of weapons. Stepmother reported that pt and her siblings did not return from a visit as scheduled to their mother's home around Easter of this year. Mother reportedly told stepmother and father that she was keeping the children in her care for safety concerns related to COVID-19 (per stepmother's report to SW). However, when stepmother and father participated in a FaceTime call with pt and her siblings, they were audibly heard stating that they were "packing their bags" and trying to provide stepmother with the address where they were, because they were no longer at their mother's house. Stepmother was able to eventually track pt's physical location with technological tools and she sent it to CPS. Stepmother stated that it was eventually discovered that mother took pt and her siblings to Oklahoma to stay with one of her boyfriend's friends who pt and her siblings refer to as "Uncle Dan" from May 1st-6th. State troopers were sent to get the children back to Texas safely, and they returned to their father and stepmother's care on 05/22. At that time because pt's brother Jack had demonstrated

## Case Management/Social Services

altered behavior when he was speaking with his stepmother over the phone, father and stepmother decided to have his hair follicles tested for chemical substances. Per stepmother, the results of the hair follicle test indicated that Jack was exposed to highly concentrated levels of cocaine and marijuana. Stepmother indicated that based on her research as to "Uncle Dan," this individual has a known history of methamphetamine use, and his social media profile has "creepy photos of toddlers' legs" posted. Stepmother reported that she and pt's father have had to undergo multiple hair follicle tests due to court proceedings with mother and her boyfriend. Stepmother added that upon the return from Oklahoma, pt's brothers "referenced Sophie being in a kennel and handcuffs." Stepmother reported that pt and her siblings have told her that their mother intermittently leaves them unattended in her car and tells them to hide under the seats and cover her youngest child with a blanket in his car seat so that no one will see them. Stepmother stated that pt's mother is financially stable and has secured two attorneys for ongoing legal proceedings between herself and father. Stepmother indicated that she has routinely recorded the statements of pt and her siblings as supportive evidence if needed.
Detailed account of what happened:
Pt and her siblings returned to stepmother and father's residence for their summer stay on 06/15/20. Since then, stepmother noted that pt has "not been sitting right or sleeping well" since she returned. Stepmother shared that pt typically refers to her vagina as her "vee vee," and pt told her, "My vee vee hurts. It's burning, and I felt like there was a whole pole in there while I was at Mom's. Stepmother stated that she took pt to Oak Run in New Braunfels for further evaluation. Pt was initially prescribed 500 mg of an antibiotic twice a day for ten days due to concerns for a potential UTI. Per stepmother, toward the end of her antibiotic course, pt was consistently crying, unable to sit comfortably. Pt was seen by a pediatrician at Little Spurs Pediatric Urgent Care, and she was prescribed a cream for a possible yeast infection. Stepmother indicated that the medical provider at Little Spurs told her she could use Hydrocortisone cream as a backup to augment the cream. Pt reportedly seemed better for a brief period of time prior to returning to her mother's house for a weekend visit. When she came back to father and stepmother's house on 07/12, she was in pain again, complaining of abdominal discomfort and burning when urinating. Stepmother reported that pt told her that sometimes when she has to go to the bathroom at her mother's house, her mother advises her to "be tough and hold it in, or pee in your pants." The second pediatrician consulted for pt's symptoms advised stepmother to discontinue use of Hydrocortisone as a backup immediately because it could cause the symptoms to worsen instead of improve. This medical provider prescribed a different type of cream to treat pt's symptoms and told the stepmother that she may contact CPS related to her concerns. Stepmother added that the Little Spurs Clinic also ran a bacterial panel to rule out an ongoing UTI during this timeframe. The night after pt's urgent care visit, she reportedly woke up after having a bad dream, gasping and saying that a man with a knife was going to kill her, and other people were trying to get her. Stepmother attempted to comfort and reassure pt and asked her if anything was wrong. The following day, stepmother asked pt if anything was wrong, and pt reportedly disclosed that "Mr. Jake and his friends touch her sometimes, and she doesn't like it." Pt did not elaborate on this statement but repeatedly asked her stepmother what her mother's boyfriend's eyes and his friends' faces look like, and asked her to search these individuals through social media (stepmother denied doing so). Stepmother reported that pt recently complained of "bug bites on her butt." Stepmother stated that she believed these may have been related to playing in the sand near their house, but then pt told her that she had some bug bites in between the cheeks of her buttocks and "two in her vee vee." This raised concerns for stepmother related to potential sexual assault/sexually transmitted infection(s). Stepmother reported that the last time pt urinated before leaving the house today, pt stated that she was experiencing some sort of vaginal drainage, and "she said her pee looks green." Stepmother brought pt's underwear from today in a bag. Stepmother noted that in addition to the previously documented concerns, pt has never had previous GI issues or diagnoses, and she has had toilet accidents with diarrhea and severe gas over the past week. Stepmother reported that pt asked her seemingly out of nowhere "what to do if there is a fire, you're locked in your closet, and the lock is on the outside" which raised further concerns for pt's safety.
Stepmother added that pt told her that mother's boyfriend takes "Polaroids of her and her siblings," but did not provide additional details. Stepmother stated that pt recently asked her what it's like to be pregnant, which was out of place in the context of the topic of their conversation at the time. Stepmother shared that she brought pt here after concerns for potential sexual assault arose, because she researched various children's hospitals and she believes that this facility is the most adequately equipped to provide pt with the type of evaluations she is in need of while maintaining her safety.

SOCIAL RISK FACTORS:

## Case Management/Social Services

History of CPS involvement: Stepmother and assigned CPS worker, Mary Lou Castillo, ph.#830-433-0917, reported that the family has extensive CPS history. CPS worker stated that each parent has an attorney so most of the communication from CPS goes through their respective attorneys, but mother and father alternate calling CPS to file new reports as to the other parent.
Abuse/neglect history for parents/guardians in their family of origin: Stepmother reported that it is her understanding that pt's mother may have a history of sexual assault, and she believes that pt's maternal grandparents were each "molested as children."
Abuse/neglect history for patient or siblings: Stepmother reported that there have been previous concerns in the mother's home for "neglectful supervision," but these allegations have not been founded during CPS investigations.
History of substance abuse in the home: Stepmother expressed concerns that mother has appeared to be altered and under the influence of alcohol during the children's last few conversations with her. Stepmother indicated that pt's father uses medical marijuana and CBD for some of his health ailments.
History of substance abuse for pt: denied by stepmother
History of runaway behaviors for pt: denied by stepmother
History of domestic violence in the home: Stepmother reported that DV has occurred in mother's home, and the first report of family violence occurred in May of last year to her knowledge. Stepmother reported that around the same time, pt did not want to go to her mother's house and she could hear her "screaming in the car" any time she had to go to her mother's. Pt and her biological siblings were reportedly overheard by their stepmother talking about "hiding under the bed when fights happen."
History of law enforcement involvement for parents/guardians: yes
Weapons in the home: Stepmother reported that mother's boyfriend has previous charges of unlawful possession of weapons.
History of mental health diagnoses in the home: suspected but not confirmed, per stepmother
Parental knowledge for pt's condition: Stepmother seems to be appropriately concerned for pt's safety.
Environmental stressors: unable to assess

PROTECTIVE FACTORS:
Secure attachment: Unable to assess, due to limited time in room with pt and mother together
Supportive family/environment: unable to assess
Positive coping/parenting skills: Unable to assess, due to brief period of time spent with stepmother
Understanding of child development: Stepmother demonstrated an appropriate awareness of ages/stages.
Stable housing: yes, per stepmother
Employment: Both parents are gainfully employed, per stepmother.
Access to health and social services: Stepmother reported adequate access to services.

FORMULATION:
Pt did not have an outcry or clear presenting concern for potential sexual assault. Stepmother has mounting concerns for possible sexual assault occurring when pt is in the care of her mother and mother's boyfriend, based on pt's recent behavioral changes and various verbalized statements she has made. Pt's last possible known contact with pt's mother's boyfriend was on 07/12/20. Following SW consultation with Frisco PD and DCMC SANE RNs Gabi and Amanda, it was determined that pt is appropriate for a referral to the local CAC for a forensic interview rather than an acute SAFE exam, due to the duration of time reported since last known contact between pt and mother's boyfriend. Sergeant Byrom with Frisco PD, Badge#3388, ph.#972-292-6010, indicated that he will coordinate with APD to request coordination of forensic interview with DCMC CARE team. Biological parents have a longstanding history of CPS reports filed against the other parent.
Concerns for human trafficking: denied by stepmother
MD impression: SW consulted with attending EDMD Gregg, who expressed agreement with SW plan of care.
PLAN:
CPS report made: CPS report was filed with central intake worker Carrie, Agent ID#5097, report ID#73737031. She stated that this will be prioritized as a P1 response, and intake will respond within 24 hours. SW received follow-up call from assigned CPS worker, Mary Lou Castillo with Guadalupe County, ph.#830-433-0917. She stated that she completed

## Case Management/Social Services

her last courtesy visit to the father's home two weeks ago, and the family currently has a separate open CPS case in Collins County that was not generated related to primary concerns for potential sexual assault.
Reasoning for report: concerns noted above
Law enforcement: SW initially spoke with Officer Glogovsky, Badge#3594, with Frisco PD, who took an informational report. Report#20067829. SW subsequently received call from Sergeant Byrom, Badge#3388, who expressed understanding that an acute SANE exam will not be conducted in the ED after speaking with SANE RN Gabi. He indicated that he will coordinate with APD to conduct further forensic interviews.
SAFE approved: Pt was approved for a SAFE exam by Frisco PD, but she was ultimately determined to be an appropriate candidate for further interviews with the CAC rather than an exam in the ED. This determination was made due to ED protocol surrounding the appropriate timeframe for an acute exam following last known contact with possible perpetrator(s).
LE request for SAFE on medical chart: n/a
CARE team referral: yes- e-mail referral sent due to plan for pending forensic interview
Discharge plan: Pt will discharge home with stepmother once medically cleared.
Referrals given: n/a
Education provided: SW informed stepmother of plan for CPS, law enforcement and CARE team to coordinate forensic interview(s).

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DOCUMENT NAME: Social Services Progress Note
RESULT STATUS: Auth (Verified)
SIGN INFORMATION: Randle ,Mya LMSW (7/27/2020 17:36 CDT)

ED Clerk received call from pt's stepmother Kourtney Chalmers (830-463-5063) who was requesting to speak with SW. EDSW not available immediately; returned call at 1142. EDSW left voicemail with callback information.

No further EDSW needs at this time.

## Measurements

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

| Recorded Date<br>Time<br>By<br>Item | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>17:04 CDT<br>SYSTEM |
|---|---|---|
| Measured Weight (kg) | 42 | - |
| Weight Source | Standing Scale #1 | - |
| Measured Weight Unit of Measure | Kilograms | - |
| Measured Weight in Kilograms | 42 | - |
| Dosing Weight (kg) | - | 42.000 R1 |

Result Comments

R1: Dosing Weight (kg)
Entered by SYSTEM secondary to charting Measured Weight

# Vital Signs

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>19:39 CDT<br>Marantz ,Seth M RN | 7/25/2020<br>22:50 CDT<br>Marantz ,Seth M RN | |
|---|---|---|---|---|
| Item | | | | Units |
| Temperature Oral (DegF) | 98 | 98.4 | 98.5 | DegF |
| Temperature Oral (DegC) | 36.7 | 36.9 | 36.9 | DegC |
| Peripheral Pulse Rate | 84 | 106 | 90 | bpm |
| Respiratory Rate | 20 | 20 | 20 | br/min |
| Systolic Blood Pressure | 116 | 112 | 115 | mmHg |
| Diastolic Blood Pressure | 74 | **82** H | 64 | mmHg |
| Mean Arterial Pressure | 88 | 92 | 81 | mmHg |

# Patient Information

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Patient Identification Verification

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN |
|---|---|
| Item | |
| Identification Band On | Yes |

## General Information/Assessment

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>19:39 CDT<br>Marantz ,Seth M RN |
|---|---|---|
| Item | | |
| Mode of Arrival,ED | Private vehicle, Ambulatory | - |
| Hx of Present Illness/Mech of Inj/Onset | Mother requesting R/O SA | - |
| Pediatric Immunizations Current | Yes | - |
| Pregnancy Status | Patient denies | - |
| Currently Breastfeeding a Child | No | - |
| Distress | - | None |
| General Asmt Interventions &/or Note | Pt AAOx4, NAD, denies pain | See Below [T1] |

Textual Results

T1: 7/25/2020 19:39 CDT (General Asmt Interventions &/or Note)
pt alert. interactive. talkative. no distress.

| Recorded Date<br>Time<br>By | 7/25/2020<br>20:06 CDT<br>Marantz ,Seth M RN | 7/25/2020<br>22:52 CDT<br>Marantz ,Seth M RN | 7/25/2020<br>23:12 CDT<br>Marantz ,Seth M RN |
|---|---|---|---|
| Item | | | |
| Accompanied by | - | Parent | Parent |
| Distress | - | None | - |
| General Assessment Evaluation Comments | See Below [T2] | See Below [T3] | - |

Textual Results

T2: 7/25/2020 20:06 CDT (General Assessment Evaluation Comments)
pt hit self in eye with slnky. assessed and no deficit noted. ice pack applied

T3: 7/25/2020 22:52 CDT (General Assessment Evaluation Comments)
pt alert no distress no needs. mom with no questions after dc education. verbalizes understanding

## Infectious Disease Risk Screening

| Recorded Date<br>Time<br>By | 7/25/2020<br>16:54 CDT<br>SYSTEM | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>17:04 CDT<br>SYSTEM |
|---|---|---|---|
| Item | | | |
| Recent Travel History | - | No recent travel | - |
| COVID-19 Assess | - | Able to Assess | - |
| COVID-19 Symptoms | - | No | - |

## Patient Information

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Infectious Disease Risk Screening

| Recorded Date<br>Time<br>By | 7/25/2020<br>16:54 CDT<br>SYSTEM | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>17:04 CDT<br>SYSTEM |
|---|---|---|---|
| Item | | | |
| COVID Status | .. | - | _ |

# Pain Assessment

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN |
|---|---|
| Item | |
| Is Patient Able to Self-Report Pain? | Yes |
| Intensity -Primary Pain | 0 - No Pain |
| Location -Primary Pain | General |

# Head and Neck

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Head and Neck Assessment

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN |
|---|---|
| Item | |
| HEENT Review of System | WDL |

# Neurological

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Neurolgical Assessment

| Recorded Date<br>Time<br>By<br>Item | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>19:39 CDT<br>Marantz ,Seth M RN |
|---|---|---|---|
| Neurological Review of System | WDL | - | - |
| Level of Consciousness | - | Alert | Alert |
| Orientation | - | Oriented x 4 | Oriented x 4 |
| Affect/Behavior | - | - | Appropriate |

| Recorded Date<br>Time<br>By<br>Item | 7/25/2020<br>22:52 CDT<br>Marantz ,Seth M RN |
|---|---|
| Level of Consciousness | Alert |
| Orientation | Oriented x 4 |
| Affect/Behavior | Appropriate |

# Respiratory

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Respiratory Assessment

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>19:39 CDT<br>Marantz ,Seth M RN | |
|---|---|---|---|---|
| Item | | | | Units |
| Respiratory Review of System | WDL | - | - | |
| Respiratory Status | - | No distress | No distress | |

## Oxygen Therapy and Oxygenation Information

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>19:39 CDT<br>Marantz ,Seth M RN | 7/25/2020<br>22:50 CDT<br>Marantz ,Seth M RN | |
|---|---|---|---|---|
| Item | | | | Units |
| Oxygen Delivery Method | Room air | Room air | Room air | |
| Oxygen Saturation | - | 100 | 100 | % |

# Cardiovascular

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Cardiovascular Assessment

| Recorded Date<br>Time<br>By<br>Item | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>19:39 CDT<br>Marantz ,Seth M RN |
|---|---|---|---|
| Cardiovascular Review of System | WDL | - | - |
| Capillary Refill | - | Less than/equal to 2 seconds | Less than/equal to 2 seconds |

| Recorded Date<br>Time<br>By<br>Item | 7/25/2020<br>22:52 CDT<br>Marantz ,Seth M RN |
|---|---|
| Capillary Refill | Less than/equal to 2 seconds |

# Gastrointestinal

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Gastrointestinal Assessment

| | Recorded Date<br>Time<br>By |
|---|---|
| Item | |
| Gastrointestinal Review of System | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN<br>WDL |

# Genitourinary

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Genitourinary Assessment

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN |
|---|---|
| Item | |
| Genitourinary Review of System | Not assessed |
| Genitourinary Intervention &/or Note | See Below T1 |

Textual Results

T1: 7/25/2020 17:01 CDT (Genitourinary Intervention &/or Note)
Mother here to R/O SA, assessment deferred, Pt denies any pain at this time.

# Integumentary

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Integumentary Assessment

| Recorded Date<br>Time<br>By<br>Item | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN | 7/25/2020<br>19:39 CDT<br>Marantz ,Seth M RN |
|---|---|---|---|
| Integumentary Review of System | WDL | - | - |
| Skin Color | - | - | Normal for ethnicity |
| Skin Temperature | - | - | Warm |
| Skin Description | - | - | Normal for ethnicity |
| Mucous Membrane Color | - | Pink | Pink |
| Mucous Membrane Description | - | Moist | Moist |

| Recorded Date<br>Time<br>By<br>Item | 7/25/2020<br>22:52 CDT<br>Marantz ,Seth M RN |
|---|---|
| Skin Color | Normal for ethnicity |
| Skin Temperature | Warm |
| Skin Description | Normal for ethnicity |
| Mucous Membrane Color | Pink |
| Mucous Membrane Description | Moist |

# Musculskeletal

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Musculoskeletal Assessment

| | |
|---|---|
| Recorded Date | 7/25/2020 |
| Time | 17:01 CDT |
| By | Stark ,Jennifer M RN |
| Item | |
| Musculoskeletal Review of System | WDL |

# Patient Care Activity

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## ADL Safety

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN |
|---|---|
| Item | |
| Fall Prevention Measures | See Below T1 |
| Standard Safety | See Below T2 |
| Bed Safety | See Below T3 |
| Participative in Fall Prevention | Yes |

Textual Results
T1: 7/25/2020 17:01 CDT (Fall Prevention Measures)
Adequate lighting provided, Room free of obstructions/clutter
T2: 7/25/2020 17:01 CDT (Standard Safety)
Call device within reach, Orient pt to environment
T3: 7/25/2020 17:01 CDT (Bed Safety)
Bed in Lowest Position, Side rails up x2, Wheels locked

## Precautions/Isolation

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN |
|---|---|
| Item | |
| Isolation Maintained and Assessed | Standard |

## Humpty Dumpty Scale

| Recorded Date<br>Time<br>By | 7/25/2020<br>17:01 CDT<br>Stark ,Jennifer M RN |
|---|---|
| Item | |
| Age,Humpty Dumpty | 7 years to less than 13 years |
| Gender,Humpty Dumpty | Female |
| Diagnosis,Humpty Dumpty | Other diagnosis |
| Cognitive Impairments,Humpty Dumpty | Oriented to own ability |
| Environmental Factors,Humpty Dumpty | See Below T4 |
| Surgery,Sedation,Anes,Humpty Dumpty | None |
| Medication Usage,Humpty Dumpty | No medications |
| Humpty Dumpty Score | 9 |

Textual Results
T4: 7/25/2020 17:01 CDT (Environmental Factors,Humpty Dumpty)
Older than infant-toddler placed in bed

# Psychosocial

Legend: @ = Abnormal, ! = Critical, H = High, L = Low

## Psychosocial Assessment

| | |
|---|---|
| Recorded Date | 7/25/2020 |
| Time | 17:01 CDT |
| By | Stark ,Jennifer M RN |
| Item | |
| Psychosocial Review | WDL |

## Screening

| | |
|---|---|
| Recorded Date | 7/25/2020 |
| Time | 17:01 CDT |
| By | Stark ,Jennifer M RN |
| Item | |
| Isolation Precautions Initiated | Private room |

## Parental Involvement

| | |
|---|---|
| Recorded Date | 7/25/2020 |
| Time | 17:01 CDT |
| By | Stark ,Jennifer M RN |
| Item | |
| Parent/Caregiver Present | Yes |
| Parent/Caregiver Interaction with Child | Frequent interaction |
| Parent/Caregiver Interact w/Care Team | See Below [T1] |
| Parent/Caregiver Involvement in Care | Actively participates |

Textual Results

T1: 7/25/2020 17:01 CDT (Parent/Caregiver Interact w/Care Team)
Discusses care, feelings, concerns

# Automated Certificate of eService

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Adriana Cancino on behalf of Amber Shemesh
Bar No. 24075066
acancino@shemeshfamilylaw.com
Envelope ID: 45391135
Status as of 08/14/2020 13:51:27 PM -05:00

Associated Case Party: Kelly Long

| Name | BarNumber | Email | TimestampSubmitted | Status |
|---|---|---|---|---|
| Amber Shemesh | | amber@shemeshfamilylaw.com | 8/14/2020 11:48:25 AM | SENT |
| Adriana Cancino | | acancino@shemeshfamilylaw.com | 8/14/2020 11:48:25 AM | SENT |
| Alexandra Willen | | awillen@shemeshfamilylaw.com | 8/14/2020 11:48:25 AM | SENT |

Case Contacts

| Name | BarNumber | Email | TimestampSubmitted | Status |
|---|---|---|---|---|
| Taylor Mohr | | taylor@mohrlawfirm.com | 8/14/2020 11:48:25 AM | SENT |
| Mary Spring | | maryspring@mohrlawfirm.com | 8/14/2020 11:48:25 AM | SENT |